	A Committee of the state of the									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO														
-	CLAIMS AS FILED - PART I							ىل	10622370					
			(Column 1)		(Column 2)		SMA TYP		YTITM	Of		ER THAN		
7	OTAL CLÁIMS	11, 11;11				FR/	TE	FEE		RATE	FEE			
F	OR .	NUMBE	NUMBER FILED		NUMBER EXTRA		C FEE	385.0	O OF	BASIC FE	770.00			
T	OTAL CHARGE	m	minus 20=		•		9=		OF	X\$18=				
IN	DEPENDENT C	minus 3 =		•		X4	3=		OF	X86=	1			
М	ULTIPLE DEPE	RESENT				+14	5=		7		 			
	f the difference	e in column 1 is	less than 2	ero, enter	"0" in	column 2	TO	- 1		OR	<u> </u>	 		
	CLAIMS AS AMENDED - PART II							,		_اك		RTHAN		
6	-1676	(Column 1)		(Colun	nn 2)	(Column 3)	SMA	LLE	HTITY	OR		ENTITY		
ATN		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA :	RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	• 45	Minus	4	8	=	XS.	這		OR	.X\$18=			
	Independent	• 3	Minus'	inte .)	= ,	X43	217 =		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145		• •		+290≐			
1		:	-) !	}	10	TAL		OR	TOTAL			
10	Column 1) (Column 2) (Column 3)						ADDIT, I	EE L			ADDIT. FEE	L		
<u> </u>		CLAIMS REMAINING	<u> </u>	HIGHE	ST	PRESENT] [ADDI-	1	 	ADDI-		
		AFTER AMENDMENT		PREVIO		EXTRA.	RATI	- 1	TONAL FEE		RATE	TIONAL FEE:		
AMENDMENT	Total ·	. 49	Minus	··· M,	8	=	X\$.9	= . .	• ••• ••	OR	X\$18=			
AME.	Independent	• 3	Minus	••••	3	a \.	X43:			OR	X86=	·		
匚	FIRST PRESE	NTATION OF MI	JUTIPLE DEI	PENDENT	CLAIM	<u></u> \	+145:			OR	+290=			
						•	. 101	AL -	•. •	L	TOTAL	i de ja		
·			·	(Colum		(Column 3)	ADDIT, F	EE L		, IOI	ODM. FEE			
NTC		CLAIMS REMAINING AFTER A* ENDMENT		(Columnia) HIGHE NUMBE PREVIOU PAIDTE	st Er Isly	PRESENT EXTRA	RATE	′ n	ADDI- ONAL FEE		RATE"	ADDI- TIONAL FEE		
AMENDMENT	Total	•	Minus	••			X\$ 9=			OR	X\$18=			
Ę.	Independent	•	Minus	***		=	X435	+		.	X86=			
	FIRST-PRESENTATION OF MULTIPLE DEPENDENT CLAIM.							1=		OR-				
	If the entry in colur	nn 1 is less than th	e entry in colu	ma 2 write T	T in ook	amn 3.	+145=			OR	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***OPTION OF ADDIT. FEE ***OPTION OF THE THIS SPACE IS LESS than 3, enter "3."										TOTAL) DOIT, FEEL				
		ber Previously Paid					found in the	roprof	orizte box	in colu	nn 1.			
FORI	FORM PTO-675 (Rev. 10/03) Patent and Trademark Office, V.S. DEPARTMENT OF COMMERCE													